## Issue Classification | 10584347



| Application/Control No. |  |
|-------------------------|--|
|                         |  |

Examiner José A Fortuna

## Applicant(s)/Patent Under Reexamination

KOYAMOTO ET AL.

Art Unit

1741

| ORIGINAL           |            |              |            |            |            | INTERNATIONAL CLASSIFICATION |         |     |   |      |                |      |             |        |    |      |  |  |
|--------------------|------------|--------------|------------|------------|------------|------------------------------|---------|-----|---|------|----------------|------|-------------|--------|----|------|--|--|
|                    | CLASS      |              |            | SUBCLASS   |            |                              | CLAIMED |     |   |      |                |      | NON-CLAIMED |        |    |      |  |  |
| 162                |            |              | 135        |            |            | D                            | 2       | 1   | н | 19/3 | 8 (2008.01.01) |      |             |        |    |      |  |  |
| CROSS REFERENCE(S) |            |              |            |            | _          | _                            | _       | _   |   |      | ╁              | -    | $\vdash$    | +      |    |      |  |  |
| CLASS              | SUB        | CLASS (ONE   | SUBCLAS    | S PER BLO  | CK)        |                              |         |     |   |      |                |      |             |        |    |      |  |  |
| 182                | 158        | 188.1        | 179        | 181.1      |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
| 428                | 341        | 195.1        | 32.34      |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
| 427                | 391        |              |            |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      |             | $\Box$ |    |      |  |  |
|                    |            |              |            |            |            | Ш                            |         |     |   |      |                |      | _           |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
|                    |            |              |            |            |            | _                            |         |     |   |      |                | 1    |             |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      | 1           |        |    |      |  |  |
|                    |            |              |            |            |            |                              |         |     |   |      |                |      |             |        |    |      |  |  |
| ☐ CI               | aims renum | bered in the | same order | as present | ed by appl | ican                         | t       | - 1 |   | CPA  | □ .            | Γ.D. |             |        | R. | 1.47 |  |  |

|       | Claims renumbered in the same order as presented by applicant |       |          |       |          |       |          | it   CPA   T.D.   R.1.41 |          |       |          |       |          |       |          |
|-------|---|-------|----------|-------|----------|-------|----------|--------------------------|----------|-------|----------|-------|----------|-------|----------|
| Final | Original  | Final | Original | Final | Original | Final | Original | Final                    | Original | Final | Original | Final | Original | Final | Original |
| - 1   | 1   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
| 2     | 2   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
| 3     | 3   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
| 4     | 4   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
| -     | 5   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
| 5     | 6   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                          |          |       |          |       |          |       |          |
|       |   |       | _        | _     |          |       |          |                          |          |       |          |       |          |       |          |

| NONE   | Total Claims Allowed: |                     |                   |  |  |  |
|--|-----------------------|---------------------|-------------------|--|--|--|
| (Assistant Examiner)                               | (Date)                | 5                   |                   |  |  |  |
| /José A Fortuna/<br>Primary Examiner.Art Unit 1741 | 10/25/10              | O.G. Print Claim(s) | O.G. Print Figure |  |  |  |
| (Primary Examiner)                                 | (Date)                | 1                   | 1                 |  |  |  |